SF278 (Rev. 03/2000) 5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

U.S. Office of Government Ethics				*
Date of Appointment Candidacy Riccion of Nomination (Afonth, Dev., Fede.)	Reporting Status (Check Incumbent Covered by Incumbent becay)		Termination Date (If Applicable) (Month Doy, Lear	Any individual who is required to file this report and does so have than 30 days into the date the report is
Reporting Individual's Name	Unit Name Owens	Stephen A.	le/initiole	required to be filed, by It an extension is granted more than 10 days after the last day of the filing extension period.
Position for Which Filing	Title of Position Assistant Administrator for Prevention, Pes Toxic Substances	Dendriment or Agence Sticides & Environmental Pr		shall be subject to a \$200 fee: Reporting Periods
Location of Present Office (or forwarding address)	Address (Minister, Street, Cits), State, and ZIP Code P.O. Box 5915, Scottsdale, AZ 85261		(480) 661-5758	Incumbents: The reporting period is the proceding calendar wear except Part II of Schedule C and Part Lof Schedule D where you must also
Position(i) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	None			include the filing year up to the date you file: Part II of Schedule D'u not applicable.
Presidential Nomineer Subject to Senate Confirmation	Name of Congressional Committee Considering Nom Environment & Public Works		× se	Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends of the date of termination. Part II of Schedule D is not applicable.
CERTIFO that the statements have made on this form and all attached achedules are five, complete and correct to the best of my knowledge.	Signature of Reporting Individual		H/16/09	Nominees, New Entrants and Candidates for President and Vice President: Schedule A-The reporting period for meone (BLOCK C) in the preceding
Other:Revien (If desired by agency)	Signature of Other Reviewer Signature of Degignated Agency Ethics Official Perior	gh -	APR 2 1 2009	calendar year and the carrent calendar year up to the date of filing. Value assets as of they date you choose that is will up it I days of the date of filing.
Agency Ethics Official's Opinion On the basis of information contained in this report, I constitute that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	Pater KHz	ed D	4/21/09	Schedule B-Not applicable: Schedule C. Part I (Liabilities) The reporting period is the preceding orientar year and the current calendar year, up to any date you choose that is
Office of Government Ethics Use Only	Signature That I L	K	# Date (North, Day, Pear) 4/28/09	within Al days of the date of filing. Schedule C. Part II (Agreements or Arrangements)— Show any ogreements
Comments of Reviewing Officials (I) uddi	tional space is required; itsethe reverse side of this shed	(Check box if filing extension granted	& Indicate number of days)	or arrangements as of the date of filing. Schedule D.—The reporting period in the preseding two calendar years and the current calendar year up to the date of filing. Agency Use Only
¥ .		(Check box if com	ments are continued on the reverse side)	APR 2 1 2009

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5 C.F.R Part 2634	
U.S. Office of Government	Ethics

Reporting Individual's Name Page Number SCHEDULE A 2 Stephen A. Owens Valuation of Assets Income; type and amount. If "None (or less than \$201)" is checked, no Assets and Income at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Amount For you, your spouse, and dependent children, Type eport each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 Other Date Excepted Investment Fund in income during the reporting period, together Income Mo., Day. -\$50,000,000 \$5,000,001 - \$25,000,000 with such income. (Specify Yr.) \$1,000,001 - \$5,000,000 Type & For yourself, also report the source and actual Only if Over \$50,000,000 Actual None (or less than Rent and Royalli Over \$1,000,000* Over \$1,000.000 amount of earned income exceeding \$200 (other -\$15,000 \$15,000 Qualified Trust Over \$5,000,000 Amount) Honoraria **Excepted Trust** -\$2,500 than from the U.S. Government). For your spouse report the source but not the amount of earned Dividends income of more than \$1,000 (except report the Interest \$50,001 \$1,001 actual acount of any honoraria over \$200 of \$1,001 your spouse). None Central Airlines Common Examples Doe Jones & Smith, Hometown, State Law Partnership Income \$130,00 Kempstone Equity Fund IRA: Heartland 500 Index Fund 1 (S) Coppersmith, Gordon et al. Law Partnership - Phoenix, AZ X X Money Market Account Arizona State Retirement System Will receive Defined Benefit Plan \$2364/month Value not readily ascertainable at age 65 (S) Equity Partner Partnership Coppersmith, Gordon, Schermer Income & Brockelman State of Arizona \$155,359 Salary (DC) Wells Fargo Savings Account X X PIMCO Total Return Fund Inst. X X This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent

children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name Stephen A. Owens										S	CI	PER SE	THE R	Lili		A c	얼됐는	RHS.	1116	d											Pag	e Number 3	Elkin.	
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	Office of Government Ethics								-		-		******				-			- Constant		-				annual sub-	-				-		
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mark the other higher categories of value, as appropriate.

Prior Editions Cannot be Used.

ŀ	porting Individual's Name ephen A. Owens										S	CI	IE) (U	THE R	JLJ only		1219			ue	ed											Page Number	5		
	Assets and Income				Val	a epo	tion t clo rting	se c g pe	of rioc															ck	"Non C for	that			n \$2	201)" i	s checked, r	i o		
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Reporting Individual's Name Stephen A. Owens										S	Hers.	ŒI (Us	Hist						ed											rage	Number	6	Topologia in princip	en en en
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None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001-,850,000	\$50,001 - \$100,000	\$100,001-\$250,000	\$250,001 - \$500,000	\$500,001 -\$1,000,000	Over \$1,000.000 *	\$1,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Exteplied investment and	seed oxygened (ydsylleside) and seed the seed of the s	Dividents	Royalfies		Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001:-\$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000		Other Incom (Specif Type & Actua Amoun	e y E	Da (Mo., Yr Onl Hono	Day .) y if
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	None	None (or less tion S15003).	\$1,001 - \$15,000	\$15,001-\$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$255,001 - \$500,000 - 15	Over \$1,000.000 *	\$1,000,001 - \$3,000,000		Second one one	Over 350,000,000 Excented Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalites		Capital Gains	None (or Jess than \$201)	\$201 - \$1,000	\$1,001 = \$2,500	85 001 - \$15 000		\$50,001 - \$100,000	00	Over S1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000		Other Income (Specify Type & Actual Amount)	Date (Mo., Day. 17r.) Only if Honoraria
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	his category applies only if the asset/incon the other higher categ	ne is solely	y tha	t of	the fi	iler's	spou	se or	depe	ndent	child	iren.	If th	e ass	et/inc	ome	is ei	ther	that	of th	ne file	er or	joint	ly he	ld by	the	iler	with	the	spouse or depend	lent children,

SF	278	(Rev. 03/2000)
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Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate

Reporting Individual's Name		THE SCHEDULE	В										age N	umber			
Part I: Transactions		有国际的权益 。(1)。有数据4年,6年4年					Non										
Report any purchase, sale, or exch or dependent children during the re		report a transaction involving property used solely as your personal residence, or a transaction solely between you,	14440-416726-51	ansact	36641/5504	S Provingtod popular				Ai	nount	of Transi	ction	(x)			
property, stocks, bonds, commodition securities when the amount of the \$1,000. Include transactions that n	y futures, and other transaction exceeded esulted in a loss. Do not	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 -	\$100,001 -	\$250,001 -	\$500,001 -	51,000,000°	\$1,000,0001 -	55,000,000	\$50,000,000 \$50,000,000	\$50,000,000 Certificate of Sivestiture
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Part II: Gifts, Reimb For you, your spouse and depertion, and the value of: (1) gifts food, or entertainment) receives (2) travel-related cash reimburs than \$260. For conflicts analys, as personal friend, agency appr authority, etc. For travel-related dates, and the nature of expense	dent children, report the search as tangible items, trail from one source totaling ements received from one so, it is helpful to indicate so the condition one source \$41.1 gifts and reimbursements	ource, a brief descrip- unsportation, lodging, more than \$260; and source totaling more a basis for receipt, such I or other statutory , include travel itinerary,	recei inde the d total	ved for the second seco	rom in the street of the stree	nment; giver elatives; relatives; relatives; relatives; relatives; relatives; and the control of	eccive ionsh so, for	d by ip to y purpo	our s ou; or oses o	pouse r prov f aggr	or de ided a egatii	epender as perso ng gifts	nt chi onal l to de	ld tot lospit etermi	ally ality at ine the	ns	
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Examples: Nat'l Assn. of Rock Co Frank Jones, San Fran		Airline ticket, hotel room & meals incident to national conference 6/1 Leather briefcase (personal friend)	5/99 (pe	rsonal	activit	ty unrelated t	duty)									\$5 \$3	THE RESERVE AND THE PERSON NAMED IN
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Do not Complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Indi	ividual's Name				continue	ed						Page	Numbe	er			
Part I:	Transactions		ransac Type	tion (x)					Am	ount o	of Tran	saction	n (x)				
	Identification of Assets	Purchase		ange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 -	\$100,001 -	\$250,001 - \$500,000	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001-	\$25,000,001 -	Sec. 2000, 000 Certificate of	divestiture
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^{*} This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name SCHEDULE C 8 Stephen A. Owens Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None Category of Amount or Value (x) any time during the reporting period by you, your spouse, by automobiles, household furniture or appliances; and or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Interest Term if Incurred Rate appli-Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. Examples: John Jones, 123 J St., Washington, DC Promissory note 1999 10% on demand 1 Chase, Wilmington, DE Revolving Credit Card 2008 0% on demand Chase, Wilmington, DE X Revolving Credit Card 2008 7.99% on demand 2 Chase, Wilmington, DE Revolving Credit Card 2008 7.99% on demand X (S) Chase, Wilmington, DE X Revolving Credit Card on demand 2008 7.99% 3 (S) Bank of America Revolving Credit Card 2008 12.99% on demand X 5 * This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate. Part II: Agreements or Arrangements Report your agreements or arrangements for: continuing participation in an of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves None Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share 7/85 Doe Jones & Smith, Hometown, State calculated on service performed through 1/00. 1 Arizona State Retirement System. Defined Benefit Plan. No further contributions by the employer or the filer. State of Arizona 1/2003 2 Arizona 457 Deferred Compensation Plan. No further contributions by the employer or the filer. State of Arizona 6/2003 3 4 5

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	ting Individual's Name hen A. Owens		SCHEDULE D		Page Number	
Repo comp	rt any positions held during the ensated or not. Positions inc	ntside U.S. Government ne applicable reporting period, whether lude but are not limited to those of an officer, roprietor, representative, employee, or	non-profit organization or educationa	vartnership, or other business enterprise or any il institution: Exclude positions with religious and those solely of an honorary nature.		
150119		Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Ma., Yr.)
WENTER.	nples: Nat'l Assn. of Rock Collections Doe Jones & Smith, Home	etown, State	Non-profit education Law firm	President Partner	7/85	Present 1/00
1 1	he Climate Registry, Los A	Angeles, CA	Non-profit greenhouse gas emissions registry	Secretary; member of Board of Directors	6/2007	1/2009
2 E	nvironmental Council of th	e States	Non-profit	President Vice President	9/2008 9/2007	1/2009 9/2008
3		Annual An	W Fet	Sec Treasurer	9/2006	9/2007
4 5	State of Arizona, Departmen	nt of Environmental Quality	State of Arizona	Agency Director	1/2003	1/2009
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6	-1					
Repo busin	rt sources of more than \$5,00 ess affiliation for services pro	n Excess Of \$5,000 Paid by One Set of compensation received by you or your ovided directly by you during any one year of a the names of clients and customers of any	corporation, firm, partnership, or othe organization when you directly provide	er business enterprise, or any other non-profit ded the services generating a fee or payment eport the U.S. Government as a source.	if you are ar Termination Vice Preside	ential tial Candidate
Exam	Doe Jones & Smith, Hom		Legal services Legal services in connection with university			
1 8	State of Arizona, Departmen	nt of Environmental Quality	Agency Director		14	
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